

DEPARTMENT OF HEALTH & HUM AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES REGION IX

75 Hawthorne Street Suite 408 San Francisco, CA 94105

NOV 3 0 2005

Anthony D. Rodgers, Director Arizona Health Care Cost Containment System 801 E. Jefferson Phoenix, AZ 85034

Dear Mr. Rodgers:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 05-005. The SPA updates the average monthly nursing facility rates for private patients in Arizona, for purposes of calculating the period of ineligibility imposed on individuals who make prohibited transfers of assets. I am approving this SPA with the requested effective date of October 1, 2005.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Linda Minamoto

Associate Regional Administrator

Division of Medicaid & Children's Health

Enclosure

cc:

Gary Jackson, CMS, CMSO, FCHPG Cynthia Potter, CMS, CMSO, PCPG (two copies)

, TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 05-005	2. STATE Arizona
STATE PLAN MATERIAL		
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2005	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	To FEDERAL BUDGET IMPACT:	
6. FEDERAL STATUTE/REGULATION CITATION: Section 1917(c) of the Act	a. FFY \$ \$ \$ Min	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Addendum to Supplement 9 to Attachment 2.6-A, p.4	Same	
10. SUBJECT OF AMENDMENT:		
Average Cost of Private Pay Rates		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPEC	IFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
January Elonguran	January Contreras 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME:	Thousand to the	
January Contreras 14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:		
September 30, 2005 FOR REGIONAL OI	NA (CIPAUSICIO) NIEAY	1.0 (4.4 m) (4.5 m)
17. DATE RECEIVED: September 30, 2005 PLAN APPROVED - ON	18. DATE APPROVED: 3	2005
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2005	20. SIGNATURE OF REGIONAL OF	A
21. TYPED NAME: Linda Minamoto	22. TITLE: Associate Region DMCH	onal Adminstrator
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

TRANSFERS OF ASSETS (ON OR AFTER AUGUST 11, 1993)

Section 1917(c) of the Act

For transfers of assets on or after August 11, 1993, the State complies with 1917(c) of the Social Security Act, as amended by Section 13611 of the Omnibus Budget Reconciliation Act of 1993. Page 2 of Supplement 9 to Attachment 2.6-A specifies what constitutes undue hardship.

The period of ineligibility shall begin with the month in which such assets were transferred and the number of months in such period shall be equal to the total uncompensated value of the assets so transferred, divided by (check one of the following):

	\$, which is the average cost to, a private patient at the time of application, of nursing facility services in the State; or
X	the average cost, to a private patient at the time of application, of nursing facility services in the community in which the individual is
	institutionalized The average monthly costs for nursing facility

\$4,507.06 (Maricopa County) \$4,507.06 (Pima County) \$4,507.06 (Pinal County) \$4,189.44 (Balance of State)

services in the various communities in the State are listed below: